

Freedom of Information/Privacy Act Request

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form **G-639** OMB No. 1615-0102 Expires 06/30/2022

NOTE: Use of this form is optional. USCIS accepts any written request, regardless of format, provided that the request	Requestor's Full Name					
complies with the applicable requirements under the FOIA and the Privacy Act. However, using this form can help ensure we	4.a. Family Name (Last Name) VAZQUEZ SANCHEZ					
have the appropriate information to handle your request.	4.b. Given Name (First Name) ALEJANDRO					
► START HERE - Type or print in black ink.	4.c. Middle Name					
Part 1. Type of Request	Requestor's Mailing Address					
Select only one box.						
NOTE: If you are filing this request on behalf of another individual, respond as it would apply to that individual.	5.a. In Care Of Name (if any)					
1.a.	5.b. Street Number 782 NW 42 AVE and Name					
1.b. Amendment of Record (PA only)	5.c. Apt. Ste. Flr. 636					
Part 2. Requestor Information	5.d. City or Town Miami					
 Are you the Subject of Record for this request? ∑Yes	5.e. State FL 5.f. ZIP Code 331265.g. Province					
If you answered "Yes" to Item Number 1., skip to Part 3. If you answered "No" to Item Number 1., provide the information requested in Part 2., Item Numbers 2.a 3.c. Representative Role to the Subject of Record	5.h. Postal Code 5.i. Country USA					
Select your representative role to the Subject of the Record.						
2.a. An Attorney	Requestor's Contact Information					
2.b. An Accredited Representative of a Qualified Organization	6. Requestor's Daytime Telephone Number 3054447924					
2.c. A Family Member	7. Requestor's Mobile Telephone Number (if any)					
Select the appropriate box to provide further information regarding your representative role to the Subject of the Record.	7865479307 8. Requestor's Email Address (if any)					
3.a. I am requesting information on behalf of my child or a minor I have guardianship over.	VAZQUEZSANCHEZALEJANDRO@GMAIL.COM					
3.b. I am requesting information on behalf of someone who is deceased.	Requestor's Certification					
3.c. I am requesting information on behalf of someone for whom I have power of attorney.	By my signature, I consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See the What Is the Filing Fee section in the Form G-639 Instructions for more information.)					
	9.a. Requestor's Signature					

9.b. Date of Signature (mm/dd/yyyy)

Part 3. D			

While you are not required to respond to every **Item Number** in **Part 3.**, failure to provide complete and specific information may delay processing of your request or prevent U.S. Citizenship and Immigration Services (USCIS) from locating the records or information requested.

infor	rmation requeste	d.				
1.	State the purpose of your request.					
	NOTE: This field is optional. However, providing this information may assist USCIS in locating the records and information needed to respond to your request.					
Fu	ll Name of th	e Subject of Record				
2.a.	Family Name (Last Name)	CABALLERO MARTINEZ				
2.b.	Given Name (First Name)	MARILYN				
2.c.	Middle Name					
Otl	her Names Us	sed by the Subject of Record (if any)				
inclu extra	uding aliases, ma	nes the Subject of Record has ever used, aiden name, and nicknames. If you need ete this section, use the space provided in information.				
3.a.	Family Name (Last Name)					
3.b.	Given Name (First Name)					
3.c.	Middle Name					
4.a.	Family Name (Last Name)					
4.b.	Given Name (First Name)					
4.c.	Middle Name					
	ll Name of th try into the U	e Subject of Record at Time of nited States				
_	Family Name	CARALLERO MARTINEZ				
5.a.	(Last Name)	CABALLERO MARTINEZ				
5.a. 5.b.	(Last Name)	MARILYN				

Other Information About the Subject of Record

6.a.	Form I-94 Arrival-Departure Record Number					
	▶					
6.b.	Passport or Travel Document Number					
7.	Alien Registration Number (A-Number) (if any)					
	► A- 2 1 9 4 2 8 4 1 1					
8.	USCIS Online Account Number (if any)					
	>					
9.	Application or Petition Receipt Number					
	▶					

Information About Family Members that May Appear on Requested Records

For example, provide the requested information about a spouse or children. If you need extra space to complete this section, use the space provided in Part 6. Additional Information.

Family Member 1

10.a.	Family Name (Last Name)	
10.b.	Given Name (First Name)	
10.c.	Middle Name	

Relationship

Relationship

ramı	ly Member 2	
12.a.	Family Name (Last Name)	
12.b.	Given Name (First Name)	
12.c.	Middle Name	

Parents' Names for the Subject of Record

Father

14.a. Family Name (Last Name)	CABALLERO GONZALEZ	
14.b. Given Name (First Name)	MARIO	
14.c. Middle Name		

(continu		tion of Records Requested		iling Address for the Subject of Record
- Andrew Justinian Comp	ed)		4.a.	In Care Of Name (if any)
Mother				
l 5.a. Fam (Las	ily Name t Name)	MARTINEZ CRUZ	4.b.	Street Number 4985 SW 32ND TERR and Name
1 5.b. Give (Firs	en Name st Name)	IRAIDA	4.c.	Apt. Ste. Flr.
15.c. Mid	dle Name		4.d.	City or Town FORT LAUDERDALE
15.d. Mai	den Name	(if applicable)	4 -	State FL 4.f. ZIP Code 33312
MA	RTINEZ C	RUZ	4.e.	State FL 4.f. ZIP Code 33312
		ecords you are seeking. If you need	4.g.	Province
		ee, use the space provided in Part 6. formation.	4.h.	Postal Code
			4.i.	Country
				USA
			Co	ntact Information for the Subject of Record
			NO	TE: Providing this information is optional.
Dart 4	Verifica	tion of Identity and Subject of	5.	Daytime Telephone Number
Record		cion of recurry === ~== j		9548011120
	T HINCHI			00.000
E contract de la cont	X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6	
Provide th	ne informat	tion requested in Item Numbers 1.a 7.	6.	Mobile Telephone Number (if any)
Provide th In addition	ne informat			Mobile Telephone Number (if any)
Provide the In addition Numbers	ne informat n, the Subj 8.a 8.c.	tion requested in Item Numbers 1.a 7. ect of Record MUST sign in Item	6. 7.	Mobile Telephone Number (if any) Email Address (if any)
Provide the In addition Numbers	ne informat n, the Subj 8.a 8.c.	tion requested in Item Numbers 1.a 7.		Mobile Telephone Number (if any)
Provide the In addition Numbers Full Na 1.a. Fan	ne informat n, the Subj 8.a 8.c.	tion requested in Item Numbers 1.a 7. ect of Record MUST sign in Item		Mobile Telephone Number (if any) Email Address (if any)
Provide the In addition Numbers Full Na 1.a. Fam (Last 1.b. Giv	ne informat n, the Subj 8.a 8.c. ame of th nily Name	tion requested in Item Numbers 1.a 7. ect of Record MUST sign in Item e Subject of Record		Mobile Telephone Number (if any) Email Address (if any)
Provide the In addition Numbers Full Na 1.a. Fan (Las 1.b. Giv (Fir	ne informat n, the Subj 8.a 8.c. time of th nily Name st Name) ren Name	cion requested in Item Numbers 1.a 7. ect of Record MUST sign in Item e Subject of Record CABALLERO MARTINEZ		Mobile Telephone Number (if any) Email Address (if any)
Provide the In addition Numbers Full Na. 1.a. Fam (Last 1.b. Giv (Fir.) 1.c. Michael Strategy (Fir.)	ne informat n, the Subj 8.a 8.c. ame of th nily Name st Name) en Name st Name)	cion requested in Item Numbers 1.a 7. ect of Record MUST sign in Item e Subject of Record CABALLERO MARTINEZ MARILYN		Mobile Telephone Number (if any) Email Address (if any)
Provide the In addition Numbers Full Na 1.a. Fam (Last 1.b. Giv (Fir 1.c. Mico	ne information, the Subject 8.a 8.c. In the Subject 8.a 8.c. In the Subject 9.c. In	cion requested in Item Numbers 1.a 7. ect of Record MUST sign in Item e Subject of Record CABALLERO MARTINEZ		Mobile Telephone Number (if any) Email Address (if any)
Provide the In addition Numbers Full Na 1.a. Fam (Last 1.b. Giv (Fir 1.c. Michael I) Other I 2. Dat	ne information, the Subject 8.a 8.c. In the Subject 8.a 8.c. In the Subject 9.c. In	ion requested in Item Numbers 1.a 7. ect of Record MUST sign in Item e Subject of Record CABALLERO MARTINEZ MARILYN ion for the Subject of Record (mm/dd/yyyy) 10/04/1970		Mobile Telephone Number (if any) Email Address (if any)
Provide the In addition Numbers Full National Items (Last 1.b. Given (Fir 1.c. Michael Items) Other I. 2. Dat 3. County (County Items)	ne information, the Subject 8.a 8.c. In the Subject 8.a 8.c. In the Subject 9.c. In	ion requested in Item Numbers 1.a 7. ect of Record MUST sign in Item e Subject of Record CABALLERO MARTINEZ MARILYN ion for the Subject of Record (mm/dd/yyyy) 10/04/1970		Mobile Telephone Number (if any) Email Address (if any)

Part 4. Verification of Identity and Subject of Record Consent (continued)

Signature of the Subject of Record

Select only one box.

NOTE: The Subject of Record **MUST** provide a signature in **Item Number 8.a. OR Item Number 8.b.** If the Subject of Record is deceased, select **Item Number 8.c.** and attach an obituary, death certificate, or other proof of death.

8.a. Notarized Affidavit of Identity

IMPORTANT: Do **NOT** sign and date below until the notary public provides instructions to you.

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2**. If filing this request on my own behalf, I also consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

Signature of Subject of Record

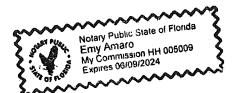
O6 24 2020 Date of Signature (mm/dd/yyyy)

Subscribed and sworn to before me on this

Daytime Telephone Number

/Signature of Notary

My Commission Expires on (mm/dd/yyyy)



.b.	Declaration Under Penalty of Perjury
	By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in Part 2. If filing this request on my own behalf, I also consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See the What Is the Filing Fee section in the Form G-639 Instructions for more information.)
	I certify, swear, or affirm, under penalty of perjury under the laws of the United States of America, that the information in this request is complete, true, and correct.
	Signature of Subject of Record
	Date of Signature (mm/dd/yyyy)
3.c.	Deceased Subject of Record

Part 5. Processing Information

- 1. Indicate if any of these circumstances apply to your request (Select all that apply).
 - Circumstances in which the lack of expedited treatment could reasonably be expected to pose an imminent threat to the life or physical safety of the individual.
 - An urgency to inform the public about an actual or alleged Federal government activity, if made by a person primarily engaged in disseminating information.
 - The loss of substantial due process rights.
 - A matter of widespread and exceptional media interest in which there exists possible questions about the government's integrity which affects public confidence.

Submit a certified, detailed statement regarding the basis for your request with your Form G-639.

2. Do you have a pending Immigration Court hearing date?

Yes No

If you answered "Yes" to Item Number 2., submit a copy of one of the following documents with your Form G-639: I-862, Notice to Appear; Form I-122, Order to Show Cause; Form I-863, Note of Referral to Immigration Judge, or submit a written notice of continuation of a future scheduled hearing before the immigration judge.

Part 6. Additional Information			Page Number	5.b.	Part Number	5.c.	Item Number
with space to co of pather A Page	ou need extra space to provide any additional information in this request, use the space below. If you need more than what is provided, you may make copies of this page omplete and file with this request or attach a separate sheet aper. Type or print the Subject of Record's name and his or A-Number (if any) at the top of each sheet; indicate the Number, Part Number, and Item Number to which answer refers; and sign and date each sheet.	5.d.					
1.a.	Subject of Record's Family Name (Last Name)						
	CABALLERO MARTINEZ						
1.b.	Subject of Record's Given Name (First Name)						
	MARILYN -						
1.c.	Subject of Record's Middle Name	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
_							
2.	Subject of Record's A-Number (if any) • A- 2 1 9 4 2 8 4 1 1	6.d.					
3.a.	Page Number 3.b. Part Number 3.c. Item Number						
3.d.							
				······································			
				···			
		_					
		7.a.	Page Number	7.b.	Part Number	7.c.	Item Number
		7.d.					
1 .a.	Page Number 4.b. Part Number 4.c. Item Number						
1.d.							
				·- ·· · · · · · · · · · · · · · · · · ·			